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Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SPECIAL POLAR AND NON-POLAR SPRAY GEL CAPSULE
the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §118 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Prior Foreign Application(s)			Priority Claimed	
002/0397/17829	SP	01 October 1997	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)		

I hereby claim the benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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00537118-032900

Applicant or Person: Flenington Pharmaceutical Corp.
 Serial or Patent No.: _____
 Filed or Issued: _____
 Title: PHOCAL POLAR AND NON-POLAR SPRAY OR CAPSULE

Attorney's
 Docket No.: PHCO 3.0-008

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) & 1.37(c))--SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of the concern identified below;
 NAME OF SMALL BUSINESS CONCERN FLENINGTON PHARMACEUTICAL CORPORATION
 ADDRESS OF SMALL BUSINESS CONCERN 43 BERRY AVENUE
Flenington, New Jersey 08822

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and represented in 37 CFR 1.9(f), for purposes of paying reduced fees to the United States Patent and Trademark Office. In that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under patent or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled PHOCAL POLAR AND NON-POLAR SPRAY OR CAPSULE By Invention(s)

described in

☐ the specification filed herewith
☐ application serial no. _____ filed _____
☐ patent no. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, such individual, company or organization having rights in the invention is listed below, and the rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(a) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(f), or a nonprofit organization under 37 CFR 1.9(c). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention pertaining to their status as small entity. (37 CFR 1.27)

NAME FLENINGTON PHARMACEUTICAL CORPORATION
 ADDRESS 43 BERRY AVENUE, FLENINGTON, NEW JERSEY 08822
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
 ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the cost of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.302(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like are made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Harry A. Duggan, III
 TITLE OF PERSON IF OTHER THAN OWNER _____
 ADDRESS OF PERSON SIGNING 548 BACCHUSVILLE ROAD,
FLENINGTON NEW JERSEY 08822

SIGNATURE Harry A. Duggan, III DATE March 28, 2000